


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY - 1 PM 2:30

<b>DOCUMENT # F9800006222</b> 1. Entity Name <b>MAGNOLIA REALTY HOLDING CO.</b>	
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Principal Place of Business 1009 E. 14TH ST BROOKLYN, NY 11230	Mailing Address 1009 E. 14TH ST BROOKLYN, NY 11230
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>11-3145814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  JOSEPH, JERRY 100 GOLDEN ISLES DR, SUITE 1204 HALLANDALE, FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD ECKSTEIN, JUDY 1009 E. 14TH ST BROOKLYN, NY 11230	TITLE NAME	600018455066 05/07/03--01071--020 **150.00
STREET ADDRESS CITY-ST-ZIP	[Delete]	STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]
TITLE NAME	[Delete]	TITLE NAME	[Change] [Addition]
STREET ADDRESS CITY-ST-ZIP	[Delete]	STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]
TITLE NAME	[Delete]	TITLE NAME	[Change] [Addition]
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TITLE NAME	[Delete]	TITLE NAME	[Change] [Addition]
STREET ADDRESS CITY-ST-ZIP	[Delete]	STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy Eckstein Apr 28, 2003 212-668-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CRZE034 (10/02)